

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36164
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **1402 S. 7th St.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. **3** mos. **9** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ellen Nadine Jines**

(a) Residence, No. **1402 S. 7th St.** St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10th 1937**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Child**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Otis Jines**

14. BIRTHPLACE (CITY OR TOWN) **Essex, Missouri**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lola Marshall**

16. BIRTHPLACE (CITY OR TOWN) **Doyle**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Otis Jines**
(ADDRESS) **1402 S. 7th St**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Friedens Cem.** DATE **Oct. 21** 19**37**

19. FUNERAL DIRECTOR **Ched Meyer & Sons**
(ADDRESS) **3934 N. 20 St.**

20. FILED **OCT 20 1937** **Dr. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 19** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 4** 19**37** to **Oct 19** 19**37**

I last saw him alive on **Oct 19** 19**37** Death is said to have occurred on the date stated above, at **1:45** p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Bronchial Date of onset **10/4/37**

Other contributory causes of importance
Spina Bifida **7mo**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Dr. Bredeck**, M. D.
(Address) **2505 No 15th**

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)